



| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | | | | | | | | | |
|--|--|--|----|---|----|--|----------|--|----|--|----|
| ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 | Attorney Docket No.: MBHB00-886-A (235/215) Application No.: 09/122,588 Filing Date: July 23, 1998 First Named Inventor: Semple et al. Group Art Unit: 1635 Examiner: Schmidt, Mary M. | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application to and including July 30, 2003.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One Month (37 CFR 1.17(a)(1))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Three Months (37 CFR 1.17(a)(3))</td><td>\$465.00</td></tr><tr><td><input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></table> | | <input type="checkbox"/> One Month (37 CFR 1.17(a)(1)) | \$ | <input type="checkbox"/> Two Months (37 CFR 1.17(a)(2)) | \$ | <input checked="" type="checkbox"/> Three Months (37 CFR 1.17(a)(3)) | \$465.00 | <input type="checkbox"/> Four Months (37 CFR 1.17(a)(4)) | \$ | <input type="checkbox"/> Five Months (37 CFR 1.17(a)(5)) | \$ |
| <input type="checkbox"/> One Month (37 CFR 1.17(a)(1)) | \$ | | | | | | | | | | |
| <input type="checkbox"/> Two Months (37 CFR 1.17(a)(2)) | \$ | | | | | | | | | | |
| <input checked="" type="checkbox"/> Three Months (37 CFR 1.17(a)(3)) | \$465.00 | | | | | | | | | | |
| <input type="checkbox"/> Four Months (37 CFR 1.17(a)(4)) | \$ | | | | | | | | | | |
| <input type="checkbox"/> Five Months (37 CFR 1.17(a)(5)) | \$ | | | | | | | | | | |
| <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$465.00</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or to credit any overpayment to Deposit Account Number 13-2490. I have enclosed a duplicate copy of this sheet.</p> | | | | | | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | | | | | | | | | | | |
| Name | Anita J. Terpstra | | | | | | | | | | |
| Reg. No. | 47,132 | | | | | | | | | | |
| Signature | | | | | | | | | | | |
| Date | July 30, 2003 | | | | | | | | | | |

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